## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for	r any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23562 7590 12/21/2005				have its own certificate of mailing or transmission.			
BAKER & MCK PATENT DEPART 2001 ROSS AVEN	<b>IMENT</b>		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
SUITE 2300 DALLAS, TX 752	01				<del></del>	(Depositor's name)	
D112210, 171 /32	•					(Signature)	
						(Datc)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
•			isco Martinez de Velasco Cortina		3788-008-27	8769	
TITLE OF INVENTION: S	YSTEM AND METHOD F	OR PROVIDING S	ECURE IDE	NTIFICATION SOLUTIONS			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	03/21/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	]		
TRIEU, VAN THANH 26				340-572700			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  NEOLOGY, INC.							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
5. Change in Entity Status	(from status indicated abov	37 CFR 1.27.	Deposit A	ant is no longer claiming SMA  y) or to re-apply any previous other than the applicant; a reg	(enclose an ext	ra copy of this form).  CFR 1.27(g)(2).	
Authorized Signature Date							
Typed or printed name			Registration No.				
Alexandria, virginia 22313	-1430.			to obtain or retain a benefit by llection is estimated to take 12 pon the individual case. Any c nation Officer, U.S. Patent and D FORMS TO THIS ADDRES			
<del></del>				lection of information unless it	03/07/2006	CK	
	9/2006 00000		1501	•			
PTOL-85 (Rev. 01/L), 171	9/2006 00000 20/20 10/1 use un ough 04/30	0058 <u>1</u>	<u>1504</u>	5300.00 U.S. Patent and Tr	03/07/2006 ademark Office; U.S. DEPAR	RTMENT OF COMMERCE	